

MEMO ENDORSED

CHARLES J. DIVEN, JR., ESQ.
ATTORNEY AT LAW

July 18, 2008

United States District Court Judge
300 Quarropas Street
White Plains, New York 10601
Attn: Hon. Kenneth M. Karas

USDS SDNY
DOCUMENT
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DATE FILED: _____

By Fax only 914-390-4152

Re: **US v Henry P. Steeneck**

07 cr 929

Your Honor:

I write to provide the weekly update. As a result of the last procedure Mr. Steeneck is under the care of three (3) physicians: (i) Saran S. Rosner, MD, (ii) Michelle E. Gordon, D.O, and Jane Chan, MD.

Annexed hereto is a letter from Dr. Rosner summarizing the Mr. Steeneck's current condition. As set forth in the letter, Dr. Rosner needs to follow up with Mr. Steeneck on his progress. Also annexed is a letter from Dr. Chan, the neurologist providing post operative care. The last letter annexed is from DR. Gordon who performed the surgery on Mr. Steeneck's abdomen to remove the drain tube from the fatty tissue as described in a previous correspondence.

Mr. Steeneck has scheduled appointments with Dr. Rosner on July 22, 2008 at 11:45AM, with Dr. Gordon on the same date at 3:45 and an MRI at Hudson Valley Hospital Center on July 23, 2008 at 11:15AM.

As these appointments are the follow up to assess his condition, I will be making an application on Mr. Steeneck's behalf for an additional two (2) weeks of medical release. The purpose of the additional time is two fold, first to ensure that his immediate medical condition is stable and secondly, to make sure that the jail's medical facility is in a position upon his return to administer the requisite medications and monitor his condition. I remind the Court that we had difficulty in the past with obtaining from the jail a medically necessary pillow and in having the jail continue dispensing prescribed medications to Mr. Steeneck. I believe strongly that the jail will need to have foreknowledge of Mr. Steeneck's seizure propensity and commit to their ability to keep in safe.

Sincerely,


Charles J. Diven, Jr., Esq.

CJD/cl

cc: AUSA Sarah Rebecca Krissoff, by fax only 914-993-9036
Scott Kowal, US Pretrial Services by fax only 914-390-4035

THE CLERK OF COURT IS
RESPECTFULLY REQUESTED
TO DOCKET THIS LETTER
AND ITS ATTACHMENTS,

SO ORDERED


KENNETH M. KARAS U.S.D.J.

7/18/08

JUL-11-2008 14:03 FROM: ROSNER MD & ROBBINS 7412869

TO: 94552945

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SARAN S. ROSNER, M.D.**NEUROLOGICAL SURGERY**245 Saw Mill River Rd.
Hawthorne, N.Y. 10532

(914) 741-2666

July 10, 2008

Hon. Judge Kenneth M. Karas
United States Courthouse
300 Quarropas Street, Room 533
White Plains, NY 10601

RE: Henry Steeneck

Dear Judge Karas:

I saw my patient Henry Steeneck today in followup. He underwent shunt revision earlier this month. At surgery, it was found that the abdominal end of the shunt was embedded in some omentum (fatty tissue around the bowel) which was obstructing its outflow. The shunt was simply repositioned in the peritoneal cavity and free flow of spinal fluid through the shunt was observed and documented with intraoperative photography. Since the revision, Henry has enjoyed some improvement in his headaches. They are less frequent and less severe when they occur. He is now getting perhaps headaches, which are more consistent with low-pressure phenomena and that they tend to occur when he stands and walks. His wounds are healing satisfactorily.

On his examination today, I find that he stands, walks, and transfers well. He seems to have some improvement in the increased tone in his right arm and leg, though there is still some accentuation of tone in his right upper and right lower extremity. The pathologic reflexes at his ankles have almost completely returned to normal, though there is slight suggestion of clonus on exam today.

All in all, I think Henry is substantially better than earlier. I would yet like to see him again in a week or so to carefully monitor his course and progress.

I hope this letter provides you with the information you require for your judicial management of his case.

Finally, I must emphasize that Henry has a well-documented epileptic condition now for which he is on medication. It is absolutely critical that his medication be given regularly as prescribed without failure or lapse his risk of seizure and its potential dire consequences demand strict compliance with this medical regimen.

JUL-11-2008 14:03 FROM: ROSNER MD & ROBBINS 7412869

TO: 94552945

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July 10, 2008
RE: Henry Steeneck
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If I can elaborate or clarify any of the issues I have raised in this report, I would be happy to do so.

Sincerely,

Saran S. Rosner, M.D.

SSR/gis/uk/ibr/0711/SSR30469

7/15/2008 23:27 914-962-3742

JANE CHAN, M.D.

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JANE CHAN, M.D.**NEUROLOGIST SPECIALIZING IN EMG NERVE CONDUCTION STUDIES****228 VETERANS ROAD, SUITE 201
YORKTOWN HEIGHTS, NY 10598
TEL: (914) 962-1300 ◀ FAX: (914) 962-3742**

July 16, 2008

C. J. Devin, Esq.

Subject: Steeneck, Henry
DOB: 1/28/71

Dear Dr. Devin:

I initially evaluated Mr. Steeneck on 5/31/08 following multiple seizures that were precipitated by a small ventricular hemorrhage following ventriculoperitoneal shunt replacement. His medical history is complex, including hypertension and large right frontal arachnoid cyst that required placement of a ventriculoperitoneal shunt at the end of the 2007 and subsequent multiple shunt revisions. During his follow up consultation on July 10th, he complained of new onset numbness/tingling predominantly along dorsal left forearm to left finger 5, continuing word finding difficulty, continuing longstanding impaired short-term recall, unsteady gait and slightly slurred speech last week.

Diagnostic tests: MRI of brain done in early June shows no change in porencephalic cyst.

Medications: Keppra 1,000 mg three times per day, Diovan, Cymbalta.

Neurological examination: Mild psychomotor slowing. Language is slow with occasional stuttering, fluent and grammatical, with intact comprehension. Cranial nerves: Mild dysarthria. Extraocular movements are intact with slightly dysmetria to the left, without nystagmus. Pupils are equal round and reactive to light. Face and tongue symmetric 5/5. Sensory: Perception to pinprick is slightly impaired along left dorsal forearm and hand. Motor: tone is normal. Left foot inverted and slightly flexed in resting position. No focal atrophy and no pronator drift are found. Rapid sequential movements of the fingers are impaired, left more than right. Reflexes: 3++ bilateral patellae with bilateral cross adductors, 3+ bilateral biceps, triceps and brachioradialis (slightly more brisk on left). Bilateral 4+ ankle reflexes with sustained clonus on left and 3-beat clonus on right. Toes are upgoing bilaterally. Coordination: finger-nose-finger and rapid alternating movements are normal. Gait: Right foot inverts slightly while walking. Mild left circumduction.

07/15/2008 23:27 914-962-3742

JANE CHAN, M.D.

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Jane Chan, M.D.

Heel walk is moderately impaired bilateral. Tandem gait unsteady without falling.
Romberg equivocal.

Impression:

1. The patient show neurological findings consistent with continuing increased intracranial pressure secondary to hydrocephalus. This condition predisposes this patient to recurrent seizures. The patient's unsteady gait predisposes him to falling and risk of increased brain damage.
2. Primary treatment is monitoring of intracranial pressure and revision of ventriculoperitoneal shunt.

Plan:

Physical therapy for gait training for 1-2 months. Continue anticonvulsants and adjust dose as needed. Time course of physical therapy is dependent on resolution of increased intracranial pressure.

Sincerely,



Jane Chan, M.D.

Northern Westchester Surgical Associates

A Higher Standard of Care

July 11, 2008

To Whom it May Concern:

Henry Steeneck needs to be seen in my office for a post-operative visit. He has an appointment on Tuesday, July 22, 2008 at 3:45pm.

Thank You,



Michelle E. Gordon, D.O

Michelle E. Gordon, D.O.
Board Certified General Surgeon
11 Peekskill Hollow Road
Putnam Valley, NY 10579
(845) 526-2080
FAX: (845) 526-2082
NWSurgeons@Hotmail.com